

STAGES OF CHANGE

COUNSELING

**Tobacco Cessation Coordinator/Facilitator Training**  
*Lesson Plan*

**Class Date:** TBD

**Module Title:** Stages of change

**Lesson Title:** Counseling

**Text:** Instructor-prepared Supplemental Materials

**Lesson Overview:** Good morning! I am \_\_\_\_\_, and we begin by discussing counseling principles. We discuss the stages of change. We follow with a discussion on the facilitators job. We close by discussing the traps to avoid in early facilitation.

**Performance Objective:** Given classroom lecture, interactive discussion, and instructor-prepared materials, participants will learn and be able to discuss:

1. Counseling principles and successful intervention
2. Stages of change
3. The facilitators job.
4. Behavioral, Chemical Dependency, and Pharmacologic treatment components
5. Traps in early facilitation.

**Materials:**

**Teaching Aids:** Overhead projector, transparencies, laptop computer, TV and VCR, Chart Packs and Pens, White Board and Pens.

**Participation:** Audience participation is critical to the success of this lesson. The instructor should use all available educational techniques to facilitate successful learning. These techniques include: extemporaneous speaking, active questioning, visual aids, transitions, interim summaries, and introductions and conclusion

**Summary:** Today, our objective was to \_\_\_\_\_. How are some ways we accomplished our objective? (Allow students the opportunity to summarize the key learning points by guided discussion techniques).

**Performance Evaluation:**

## **Module Title: Stages of Change**

### **Lesson Title: Counseling**

#### **1. Counseling Principles**

- a. The patient is responsible for making decisions and changes.
- b. Motivation arises internally.
- c. Empathize with where the patient is.
- d. Match and lead.
- e. Reframe the patient's experience for them.
- f. Honor the patient, the relationship, and yourself.

#### **2. Successful intervention at all stages**

- a. Personalizing the message.
- b. Decreasing desirability of the behavior.
- c. Removing barriers.
- d. Providing choices, being flexible.
- e. Practicing empathy.
- f. Clarifying goals.
- g. Supporting self-efficacy.

#### **3. Stages of change**

- a. **Precontemplation:** Not currently considering change.
- b. **Contemplation:** Considering stopping in the next 6 months. Has ambivalence, reasons to change and reasons not to change.
- c. **Preparation:** Seriously thinking about change. Has set a quit date or taken steps to quit. Signed up for TC program.
- d. **Action:** Has quit tobacco use, is working on change.
- e. **Maintenance:** Begins 6 months after quitting. Sustaining the behavior change, preventing relapse.

#### **4. The Job of the Facilitator**

- a. Precontemplation- Raise doubt
- b. Contemplation- Tip the balance
- c. Preparation- Determine course
- d. Action- Take active steps
- e. Maintenance- Prevent relapse

**5. The Tobacco Cessation Facilitator Does:**

- a. Motivates the patient to change behavior
  - b. Creates awareness
  - c. Helps remove barriers to change
  - d. Empathizes and validates addiction
  - e. Empowers the patient, giving them tools to use in changing their behavior
6. The Tobacco Cessation Facilitator Does Not:
- a. Make people quit smoking
  - b. Provide patches and pills for everyone
  - c. Attack the patient, his/her willpower, or habit
  - d. Confront the patient with facilitator's beliefs about tobacco
  - e. Blame the patient for his addiction

**A. Precontemplation**

1. Not motivated to quit
2. Resistant to change

**Facilitators Job:**

Introduce ambivalence

Move patient toward contemplation

**Behavioral Treatment Components:**

- Attempt to delay use
- Keep a log of tobacco use
- Become more conscious of negative aspects: Health, Image, Social
- Learn benefits of abstinence
- Identify reasons for tobacco use
- Identify potential reasons for stopping tobacco use

**Chemical Dependence Treatment Components:**

- Recognize defenses (denial, rationalization)
- Identify reasons for continuing to use tobacco products
- Identify evidence of inability to control use
- Identify evidence of lifestyle changes made to accommodate smoking
- Let patient respond
- Acknowledge that it is their decision to make
- Point out that they are early in the stages of change and that resources are available when they are more interested.

**Pharmacologic Treatment Component**

- Offer brief information on the availability and use of NRT (Nicorette Gum and Nicoderm CQ patches) and Zyban.

## **B. Contemplative Stage**

1. Ambivalent, no current plan to quit

### **Facilitator's Job:**

Remove ambivalence

Tilt the balance toward cessation

### **Behavioral Treatment Components:**

- Practice situational quitting
- List harmful effects of tobacco use
- List all triggers
- List coping skills/try new ones
- Develop an exercise program
- Keep a log of tobacco use
- Identify/practice positive self images
- Explore ambivalence: identify reasons for stopping/ not stopping
- Study information on stress management
- Become familiar with experiences of ex-smokers/chewers
- Discuss benefits of stopping and some of the obstacles

### **Chemical Dependence Treatment Components:**

- Identify unmanageability/ consequences
- Identify fears of quitting
- Identify evidence to control use
- Confront defenses
- Increase understanding of addiction process
- Accept a need to quit
- Encourage willingness to change
- Clarify value and role of smoking
- Acknowledge that will-power alone is not enough

### **Pharmacologic Treatment Components:**

- Discuss possible medications for withdrawal relief
- Learn the physically addictive nature of nicotine
- Learn and understand the significance of physiologic changes during withdrawal

## **C. Preparation Stage**

1. Motivated to quit
2. Quit date set

**Facilitator's Job:**

- Move patient to action
- Present program options
- Determine patient's needs
- Help patient identify support and obstacles

**Behavioral Treatment Components:**

- Select quit date, with patient input
- Establish a plan for the quit day
- Begin an exercise plan
- Begin a diet plan
- Establish and begin other healthy living changes
- Read assigned chapters in manual
- Stock up on substitutes, discuss alternative activities
- Review trigger situations
- Review coping skills
- Establish and review plan for high risk situations
- Contract is made with another person
- Set a follow-up date

**Chemical Dependence Components:**

- Determine best type of treatment (individual, group)
- Arrange support
- Discuss support needs with family and friends
- Understand physical and psychological changes that occur with cessation
- Recognize may not feel better right away
- Help patient focus on positives of cessation
- For those with concurrent chemical dependency, discuss recovery skills already using and how they transfer to this addiction
- Review defenses and fears of cessation
- Consider family intervention
- Assess level of alcohol and caffeine use
- Practice using positive self talk

**Pharmacologic Components:**

- Discuss appropriate pharmacologic intervention with patient
- Consult with Primary Care Manager for possible contraindications if screened positive
- Obtain Rx for NRT and/or Zyban
- Review proper use of medications/NRT

**Relapse Prevention:**

- Set follow-up or group/class date
- Discuss and develop a back-up plan for potential relapse

## **D. Action**

### **1. Recently quit**

#### **Facilitator's Job:**

- Encouragement
- Prevent relapse
- Provide ongoing support/follow-up
- Educate patient on what to expect and common pitfalls
- Reinforce reasons for quitting

#### **Behavioral Treatment Components:**

- Exercise, diet, rest
- Destroy leftover tobacco
- Follow relaxation plan/ techniques
- Avoid triggers associated with use
- Clean car, house, clothing
- Avoid high risk situations
- Associate/ talk to ex-smokers/chewers
- Reward self
- Use positive self talk
- Use distractions
- Review reasons for quitting
- Review fears
- Use oral and handling substitutes
- Use HALT (hungry, angry, lonely, tired)

#### **Chemical Dependence Treatment Components:**

- Follow modified daily program
- Accept need and desire for total cessation
- Arrange for specific support
- Develop an emergency list of persons and/or actions
- Remember that abstinence has top priority
- Live one moment/ day at a time
- Focus on progress
- Attend group/classes
- Be willing to be uncomfortable for now
- Recognize the loss, and related feelings
- Write a good-bye letter to tobacco.

#### **Pharmacologic Treatment Components:**

- Use medications if appropriate
- Understand expected effects and limitations of medications
- Monitor use and side effects of medications
- Adjust medications as needed
- Taper off medications for withdrawal within 3 months

**Aftercare/Relapse Prevention:**

- Discuss withdrawal, behavioral changes, stress management issues
- Discuss, develop a plan for potential relapse
- Set-up counseling appointments weekly for one – two months, then monthly as needed
- Attend organized cessation program
- Attend aftercare program
- Contact counselor at high risk times
- Routine follow-up at 3 month, 6 month, and one year

**E. Maintenance**

1. Sustaining new healthy lifestyle as a recovering smoker

**Facilitators Job:**

- Validate changes
- Promote the identity of the patient as tobacco free
- Caution about having “just one”
- Advise patient that relapse = recycle, they can reenter the process at any stage
- Promote other healthy lifestyle choices and continuing enhancement of coping skills (exercise, stress management)

**Behavioral Treatment Components:**

- Continue to work on personal growth
- Continue to self reward
- Continue to use social support
- Expand coping skills
- Practice positive thinking
- Practice affirmations
- Review Progress
- If a lapse initiate lapse plan ( consider it a mistake, call support network/ sponsor/ counselor, evaluate and get back on track)

**Chemical Dependence Treatment Components:**

- Identify mood states and emotions
- Address personal defenses
- Use serenity prayer
- Help others to stop
- Share experience and information about cessation with group/classes

**Pharmacologic Treatment Components:**

- Stop use of medications
- If relapse, start medications again with cessation program



### **Aftercare/Relapse Prevention:**

- Set follow-up appointments to review any maintenance concerns
- Examine overall lifestyle/ wellness
- Discuss life style changes with counselor
- Attend aftercare sessions

### **Stages of Change Role Play**

**Precontemplative:** You have been asked by Dr. Jones to see his patient, Mr. Lee, who was admitted two days ago, in the Cardiac Unit for a heart attack. Dr. Jones wants him to quit. Mr. Lee does not see his smoking as the cause of his attack. He has smoked 2 packs a day for 30 years, has never stopped smoking and has never thought about stopping smoking.

**Contemplative:** Dr. Adams has asked you to see her patient, Miss Johnson, who is coming in for general medical exam. Miss Johnson is 25 years old, in good health, enjoys smoking and yet doesn't like the smell of smoke on her. Miss Johnson has smoked for 10 years, 1 pack a day. No prior quit attempts. Her boyfriend does not smoke and they have been talking about getting married.

**Preparation:** Mr. Carlsen is a self-referred patient coming to see you to quit chewing Copenhagen. He has tried several times and methods to quit, hypnosis, acupuncture, "cold turkey", nicotine patches, but to no avail. He can go for two days, yet withdrawal (craving, anxiety, and irritability) is what appears to trigger his relapsing.

**Action:** Mrs. Nelson has quit smoking for one month. She has been using 21mg. Nicotine patch replacements for the last four weeks. She is fearful of decreasing to 14 mg. since this is what appeared to be a trigger for her relapse back to smoking and she has a wedding to go to where many relatives will be smoking.

**Maintenance:** Mr. Beck has not smoked Swisher Sweets (cigars) for nine months. He is in for a checkup with his physician, and the doctor has asked that you check in on his progress. Mr. Beck is at times worried about his preoccupation with smoking, and finds himself missing the relaxation and enjoyment. He is happy with his abstinence.

**Relapse:** Mr. Fisher has not smoked for two years. He has been very happy and content with not smoking, however his wife has surprised him with divorce papers. Due to the distress he has relapsed, and is smoking one pack per day. He doesn't feel well, his chest is heavy and he has shortness of breath. Now what...?

### Traps to Avoid in Early Facilitation

1. **Question-Answer Trap**-This sets up the expectation that the facilitator will ask enough questions and then have the answer, fostering client passivity. This is a form of a more general "Expert trap". This is best remedied by asking open-ended questions, letting the client talk, and using reflective listening.
2. **Confrontation-Denial Trap**-This is the classic mistake of the facilitator taking responsibility for the "healthy" side of ambivalence and the client arguing for the opposite. Another form is for the facilitator to make a suggestion and the client to explain why it won't work (yes, but...). If you find yourself falling into this role, change strategies.
3. **Labeling Trap**-Diagnostic and other labels represent a common obstacle to change. There is no persuasive reason to focus on labels, and Positive change is not dependent upon acceptance of a diagnostic label. If it seems a sensitive issue, avoid "problem" labels, or refocus attention (e.g., "Labels are not important. You are important, and I'd like to hear more about...").
4. **Premature Focus Trap**-Some clients are not ready at the outset to talk about what the facilitator sees as a target problem, and premature pressure to focus on "the problem" may elicit resistance. Explore the clients own concerns, and look for ways to tie these in.
5. **Blaming Trap**-Clients may also expect that an early task of counseling is to determine who is at fault. If this seems an issue, it is useful to defuse it early by explaining that placing the blame is not a purpose of counseling.